

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 14 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County JohnsonRegistration District No. 431

Township

Primary Registration District No. 3023City Warrensburg

(No. ....)

St. ....

Ward) .....

## 2. FULL NAME

Frances Ann Pickett

(a) Residence, No. ....

St. ....

Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Fe

## 4. COLOR OR RACE

wh

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widow

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFEdward J. Pickett

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 19, 1897

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.57124

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio

## FATHER

## 13. NAME

Daniel Vetter Laughman14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio

## MOTHER

## 15. MAIDEN NAME

Margaret Caldwell16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio17. INFORMANT  
(ADDRESS)Mrs. F. M. SheridanWarrensburg Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sunset Hill

DATE

Aug 11

1934

19. UNDERTAKER  
(ADDRESS)W. F. Wilcox Funeral ServiceWarrensburg Mo

## 20. FILED

Aug 14

1934

Carroll H. Hinton

Registrar

## 3 MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

August 13, 1934

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug 7

1934, to

Aug 14

1934

I last saw her alive on Aug 12, 1934. Death is saidto have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

Probably acute degenerative  
condition of the brain from  
Trauma.

Date of onset

about  
Aug  
6-8-34

Other contributory causes of importance

Chronic dementia of  
several years standing

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. B. Hall

, M. D.

(Address)

Warrensburg Mo

